

No. \_\_\_\_\_



Room 221 Memorial Building  
Framingham, MA 01701-8379

Tel. (508) 620-4827  
Fax. (508) 620-4833

FEE

**Commonwealth of Massachusetts**  
**Board of Health Town of Framingham**  
**APPLICATION FOR DISPOSAL SYSTEM**  
**CONSTRUCTION PERMIT**

Application for a permit to: Construct ( ) Repair ( ) Upgrade ( ) Abandon ( )

☐

**Complete System**

☐

**Individual Components**

Location	Owner's Name
Map/Parcel#	Address
Lot#	Telephone #
Installer's Name	Designer's Name
Address	Address
Telephone #	Telephone #

Type of Building \_\_\_\_\_

Lot Size \_\_\_\_\_ sq. ft.

Dwelling - No. of Bedrooms \_\_\_\_\_

Garbage grinder ( )

Other - Type of Building \_\_\_\_\_

No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )

Other fixtures \_\_\_\_\_

Design Flow (min. required) \_\_\_\_\_ gpd      Calculated design flow \_\_\_\_\_ gpd

Design flow provided \_\_\_\_\_ gpd

Plan: Date \_\_\_\_\_ Number of sheets \_\_\_\_\_ Revision Date \_\_\_\_\_

Title \_\_\_\_\_

Description of Soil(s) \_\_\_\_\_

Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_

Date of Soil Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR

ALTERATIONS \_\_\_\_\_

I, \_\_\_\_\_ as the owner of the property at  
\_\_\_\_\_ Framingham, MA transferred this

ownership and this permit and approved septic plan

to \_\_\_\_\_ on \_\_\_\_\_ 200 \_\_\_\_\_

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Complaints has been issued by the Board of Health.

Signed \_\_\_\_\_ Date \_\_\_\_\_